24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Senate Majority PAC		C C00484642
		M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report	ort Amends report fi	
Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination
		08 28 7 2016
Mailing Address 3050 K St NW		Amount
Ste 100 City State	Zip Code	74340.00
Washington DC	20007-5108	Transaction ID : VN7GBA2QSH3 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy	Category/ Type	Mam / Dab / Yayayay
Name of Federal Candidate	Support Of	ffice Sought: House District:
Kathleen A. McGinty	Oppose [President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary ☐ General Other (specify) ☐ Other
Full Name of Payee		Date of Public Distribution/Dissemination
		M M / D D / Y Y Y Y
Mailing Address		Amount
Ohdo	7. 0.4.	
City State	Zip Code	
Purpose of Expenditure	1	Date of Disbursement or Obligation
Tulpose of Experience	Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate	Support O	office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date	D	Sisbursement For: Primary General
Per Election for Office Sought		Other (specify) -
(-) CURTOTAL of Remixed Indopendent Evpenditures		74240.00
(a) SUBTOTAL of Itemized Independent Expenditures	······	74340.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		74340.00
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•
	ically Filed] Date	08 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		